Resolution	#	12-1	
resolution	,,		

WHEREAS, County policies and procedures require both the assigned oversight committee and the Finance Committee to approve all requests to apply for grants from Federal and State agencies, as well as grants from all other entities; and,

WHEREAS, County policies and procedures require that the acceptance of grants of \$30,000 or more must be approved by the full County Board;

WHEREAS, the Department of Public Health	wishes to apply
for and accept an a grant from Illinois Department of F	Public Health
for the Covid-19 Response Grant - Menard	program in the amount of
approximately \$125,000.00; and	
WHEREAS, this grant will allow Public Health	to provide
financial relief and support for health departments respondi	ng to the Covid-19 pandemic ; and
WHEREAS, as documented by the approval of this	s resolution. Bublic Health
• • • • • • • • • • • • • • • • • • • •	Committee have approved the
Public Health	Department's request to apply for the
	grant and the committees recommend that the
County Board approve the acceptance	
Illinois Department of Public Health	•
NOW, THEREFORE, BE IT RESOLVED that t	the Sangamon County Board, in session this
8th day of March , 2022 ,	
	grant, which is detailed above, if the grant is
awarded to the County by Illinois Department of Pu	
The County Administrator is authorized to sign	
agreement for this grant.	
ATTEGT.	
ATTEST:	Of Hun Huth
Constant Charles Charles	
County Clerk	Chairman, Sangamon County Board
Approved by the Public Health	Committee Mach 3, 2012
	$an N \subset A$
	Tall Mitte , Chairman
Approved by the Finance Committee 3/8/	12022
MAR 0 4 2022	Chairman, Chairman
Sangamon County Clerk	, Chairman
Sangamon County Clerk	
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SANGAMON COUNTY - GRANT APPROVAL FORM

77	1 1 1 1 2 1 1 1		Date: 02/27/2022
Requested by:	060:		
etal Cost			
her Costs (Equipment, etc)			
nge Benefit Cost			
rsonnel Costs (in dollars)			
umber of Employees			
	Current FY	Current FY + 1	Current FY + 2
Yes, please provide details. Inclu			
e there any indirect costs or legal r quirements to continue specific pro		grant (i.e., increased workload Yes X No	on existing staff,
Yes, please indicate the number a	and cost of personnel:		
nis grant is approved, will any new	personnel be hired: Yes	□No	
	the Jource of Matering Turius.		
e matching funds required? res, please state the amount and	torus torus		
iticipated Grant Revenue Amount::	\$125,000.00 Yes 🗷 No	•	
pandemic. Grant funds will help de relieve some financial burden from COVID-19 pandemic. Funds may racing), infection control, mitigation	efray costs associated with the m local health departments alre- be used for the continuance of	administration of COVID-19 r ady strained financially from i surveillance, epidemiologic ir	esponse efforts as well as responding to the estigation (contact
The COVID-19 Response Grant F	Program is an integral part of the	State's response to the ong	oing COVID-19
antor: <u>Illinois Department of Pul</u> ef description of the grant prograr		ounty:	
is request is for: 🕱 a new grant	Femalise	isting grant	
int Program Title: Covid-19 Res			
questing Department: Public He			